Volume 67, Number 2 Spring 2016 $4.95

# Sonoma Medicine

EMERGENCY MEDICINE

AMNESIA

WILDLIFE PHOTOGRAPHY

*The magazine of the Sonoma County Medical Association*

# WE ARE UNRELENTING IN OUR DEFENSE OF GOOD MEDICINE

We stand with doctors. When shady litigants challenge the good name of one of our members, we are fierce and uncompromising. Our powerful attorneys have well-earned reputations for unyielding defense and aggressive counter-action. Our relentless defense of the practice of good medicine is just one of the reasons we are the nation's largest physician-owned medical malpractice insurer, with 78,000 members.

Join your colleagues—become a member of The Doctors Company.

## CALL OUR NAPA OFFICE AT 888.536.5346 OR VISIT WWW.THEDOCTORS.COM

THE DOCTORS COMPANY

RELENTLESS DEFENSE

Volume 67, Number 2 Spring 2016

# Sonoma Medicine

*The magazine of the Sonoma County Medical Association*

## FEATURE ARTICLES

## Emergency Medicine


5 EDITORIAL
**Defining Emergency Medicine**
"Often patients who show up in emergency departments have medical needs or perceived medical needs that could be managed differently, and better, elsewhere."
*Allan Bernstein, MD*

7 PATIENT EDUCATION
**What if Primary Care Was as Easy to Access as the ED?**
"Most of my patients know that I am a better option than the emergency department, but heck, half of my family members and most of my friends still don't quite grasp the concept."
*Veronica Jordan, MD, MS*

11 URGENT CARE
**A New Model for After-Hours Care**
"After-hours care has always been part of the bargain for primary care physicians, but this responsibility has taken a new form in the outpatient setting at Kaiser Permanente Santa Rosa Medical Center."
*Jim Schieberl, MD*

13 SUTTER SANTA ROSA REGIONAL HOSPITAL
**Settling Into a New Emergency Department**
"Sutter Santa Rosa Regional Hospital, which opened on Mark West Springs Road in October 2014, features a state-of-the-art emergency department, a major upgrade from our old ED on Chanate Road."
*John Stein, MD*

15 SANTA ROSA MEMORIAL HOSPITAL
**Treatment Innovations for Traumatic Injuries**
"Traumatic injuries continue to be the No. 1 medical problem in our country and county, and are the No. 1 cause of death in the first four decades of life."
*Brian Schmidt, MD*

19 SAVE LIVES SONOMA
**Improving Survival Rates for Heart-Attack Victims**
"In Sonoma County, heart-attack victims have a better chance of survival than elsewhere, thanks in part to Save Lives Sonoma."
*Lauri McFadden, EMT*


*Table of contents continues on page 2.*

*Page 25: Fire on the River*

*Page 28: Wildlife photography*

*Little bee-eater. Photo by Albert Peng.*

# Sonoma Medicine

## DEPARTMENTS


**21** MYSTERY CASE
### The Man Who Lost His Past
"He could remember his name and his distant past, but he couldn't remember where he was or what had occurred in the last several days."
*T.W. Hard, MD*

**25** COMMUNITY HEALTH
### Fire on the River
"As news of the fire spread through Guerneville and beyond, staff and patients gathered in collective shock to bear witness to the smoking spectacle at the corner of Church and Third streets."
*DeEtte DeVille, MD, and Jared Garrison-Jakel, MD, MPH*

**28** MEDICAL ARTS
### Far Beyond a Zoo
"My current emphasis on wildlife photography started after my first safari to Kruger National Park in South Africa."
*Albert Peng, MD*

**31** IN MEMORIAM
### Laurel Warner, MD

**32** SCMA ALLIANCE FOUNDATION NEWS
### Hidden Talents Take Center Stage at Alliance Art Show
"The SCMA Alliance Foundation has put out a call to physicians, spouses and partners to participate in the Hidden Talents Art Show, to share the wealth of artistic talent in our medical community."
*Cecile Keefe*

**34** CURRENT BOOKS
### Made Just Right
"*Ocean Worlds*, written by geologists Jan Zalasiewicz and Mark Williams, is a wonderful new treatise about our lucky existence on a just-right Goldilocks water planet."
*Brien A. Seeley, MD*

**36** PRESIDENT'S REPORT
### 2016 SCMA Physician Survey
"As part of SCMA's ongoing commitment to local doctors, the medical association conducted a brief online survey of Sonoma County physicians in January."
*Mary Maddux-González, MD*

**30** New Members
**30** Classifieds
**35** Ad Index

## Sonoma County Medical Association

**Mission:** To enhance the health of our communities and promote the practice of medicine by advocating for quality, ethical health care, strong physician-patient relationships, and for personal and professional well-being for physicians.

### Board of Directors
**Mary Maddux-González, MD**
President
**Regina Sullivan, MD**
President-Elect
**Peter Sybert, MD**
Treasurer
**James Pyskaty, MD**
Secretary
**Brad Drexler, MD**
Board Representative
**Rob Nied, MD**
Immediate Past President

Rick Flinders, MD
Danielle Franzini, MS-3
Olivia Gamboa, MD
Margaret Gilford, MD
Leonard Klay, MD
Marshall Kubota, MD
Clinton Lane, MD
Patricia May, MD
Karen Milman, MD
Richard Powers, MD
Rajesh Ranadive, MD
Jan Sonander, MD
Stephen Steady, MD
Jeff Sugarman, MD

### Staff
**Cynthia Melody**
Executive Director
**Rachel Pandolfi**
Executive Assistant
**Linda McLaughlin**
Graphic Designer
**Susan Gumucio**
Advertising Representative
**Steve Osborn**
Managing Editor
**Alice Fielder**
Bookkeeper

### Membership
Active members 578
Retired 224

S·C·M·A
2312 Bethards Dr. #6
Santa Rosa, CA 95405
707-525-4375
Fax 707-525-4328
**www.scma.org**

# *Trauma* **CARE** Close to HOME

Annadel Medical Group Neurosurgery offers comprehensive neurosurgical services for a variety of cranial and spinal conditions, including spine trauma. Affiliated with St. Joseph Health and Santa Rosa Memorial Hospital – the region's designated Level II Trauma Center and a certified Primary Stroke Center, our neurosurgery team works at Santa Rosa Memorial to treat those affected by neck, back, spine, and spinal cord trauma.

In Petaluma, our emergency department at Petaluma Valley Hospital is a full service department, caring for a wide variety of acutely ill and injured patients. Petaluma offers outstanding emergency and urgent care with minimal wait times. A helipad is available for all emergency conditions requiring transfer into or out of the hospital.

To learn more about trauma care at St. Joseph Health, visit **StJoeSonoma.org**. To learn more about Annadel Medical Group 's comprehensive, advanced spinal care program, call **(707) 523-1873** or visit **AnnadelMedicalGroup.com/neurosurgery**.

**Meet our Neurosurgeons:**

**Giac Consigleri, MD**
Neurosurgery

**Rasha Germain, MD**
Neurosurgery

**StJoeSonoma.org**
**AnnadelMedicalGroup.com**

**A Ministry founded by the Sisters of St. Joseph of Orange**

St. Joseph Health℠
Santa Rosa Memorial • Petaluma Valley
Annadel Medical Group

SEQUOIA
MIND HEALTH

OPENING JULY, 2016

Have your clients complained that they couldn't contact their mental health providers, or schedule appointments in a timely manner? Or that appointments were rushed? Focused solely on medications? Or, most importantly, that their providers didn't truly listen to or understand them?

The client is first at Sequoia Mind Health. We practice quality over quantity. Fewer clients means pinpoint focus and opportunity for deep understanding and interaction. Treatment plans are uniquely tailored to each client.

When you refer a client to us, he or she is the focus of our attention. Your client benefits from unparalleled access to the client's doctor between sessions, after hours, and on weekends when necessary. Same day or next day appointments are available. No appointment is rushed, and all appointments start on time.

IMPORTANT TREATMENT OPTIONS WITHIN EACH CLIENT'S CUSTOMIZED PLAN

- Expert medication management
- Non-medication options, including TMS and psychotherapy
- Choices between in-office visits, telepsychiatry and in-home sessions
- Physician and family member collaboration

SEQUOIA MIND HEALTH ALSO SPECIALIZES IN

- Transcranial magnetic stimulation (TMS) for depression
- Medication management of adult ADHD, depression, bipolar disorder, anxiety, derealization/depersonalization disorder, psychotic disorders, PTSD, borderline personality disorder
- Psychoanalytic Psychotherapy
- Dialectical behavior therapy (DBT)

*Although we do not accept insurance, we are happy to assist clients to obtain "out of network" reimbursements from insurance carriers.*

e info@sequoiamindhealth.com t 707.529.9573
1506 4th st. Santa Rosa, CA 95404
*sequoiamindhealth.com*

personalized care

**Sonoma Medicine**

## Editorial Board

**Jeff Sugarman, MD**
Chair
Allan Bernstein, MD
James DeVore, MD
Rick Flinders, MD
Rachel Friedman, MD
Jessica Les, MD
Mary Maddux-González, MD
Brien Seeley, MD
Mark Sloan, MD

## Staff

**Steve Osborn**
Editor
**Cynthia Melody**
Publisher
**Linda McLaughlin**
Production
**Susan Gumucio**
Advertising

*Sonoma Medicine* (ISSN 1534-5386) is the official quarterly magazine of the Sonoma County Medical Association, 2312 Bethards Dr. #6, Santa Rosa, CA 95405. Periodicals postage paid at Santa Rosa, CA, and additional mailing offices.

POSTMASTER: Send address changes to *Sonoma Medicine,* 2312 Bethards Dr. #6, Santa Rosa, CA 95405.

Opinions expressed by authors are their own, and not necessarily those of *Sonoma Medicine* or the medical association. The magazine reserves the right to edit or withhold advertisements. Publication of an ad does not represent endorsement by the medical association. Email: scma@scma.org.

The subscription rate is $19.80 per year (four quarterly issues). For advertising rates and information, contact Susan Gumucio at 707-525-0102 or susan@scma.org.

**www.scma.org**

Printed on recycled paper.
© 2016 Sonoma County Medical Association

# Defining Emergency Medicine

Allan Bernstein, MD

Who gets to define emergency medicine? Is it the doctors, the EMTs, the insurance companies or the 911 operators? As evident from the articles in this issue of *Sonoma Medicine,* there are lots of competing interests.

No one can argue about the need and benefit of a trauma center, and we're all glad to know there's one nearby, fully staffed with qualified people. Cardiac and stroke centers, likewise, fill an important niche in our medical safety net. The local EMS team, including helicopter service, gets patients to emergency care quickly. For a true emergency, we in Sonoma County are fortunate to live where we do. But often patients who show up in emergency departments have medical needs or perceived medical needs that could be managed differently, and better, elsewhere.

Working people often have to make a choice between earning a day's pay or going to the doctor during office hours. The frequent alternative is to present in an ED after they get home from work, have dinner and arrange for child care. After a long wait in the ED, they see a physician who doesn't know them. The physician can treat the immediate problem but has to count on the primary care physician (PCP) to arrange for follow-up. In an ED, chronic problems like diabetes, hypertension, epilepsy or asthma can be treated but not managed. Yet, how can the ED communicate with the PCP when none of the hospital electronic medical records (EMR) systems can talk to each other, or with the PCP's office? Kaiser has an integrated EMR only if their patients show up a Kaiser facility. If their patients go to another ED, Kaiser PCPs are still waiting for paper records and faxes like everyone else.

*Dr. Bernstein, a Sebastopol neurologist, serves on the SCMA Editorial Board.*

Certain conditions build slowly, only to be deemed an emergency when ignored long enough by patients or their caregivers. Respiratory infections, bladder infections and bedsores are conditions that should be handled during office hours but often aren't. Strains, sprains and chronic pain likewise need care, but rarely on an emergency basis. Do these patients have a PCP? Can they get an appointment with the PCP in a timely manner?

Lack of access to specialty care also drives people to EDs. The best example is mental health. With few providers for outpatient services and even less access to inpatient care, mental health patients needing urgent care often rely on EDs to deal with their current crisis. Sonoma County's newly opened mental health facility in Santa Rosa is certainly a step in the right direction.

The EDs themselves have another type of crisis. Where can they put patients who need to be admitted to the hospital when there are no beds to be found? There are fewer hospital beds in Sonoma County than there were three years ago, but the number of people seeking hospital care has gone up. The aging population is also driving the need for more inpatient beds. Some busy EDs look like an ICU, with multiple critically ill patients lining the halls. Transfers to out-of-area facilities have been increasing, adding to communication problems with local PCPs.

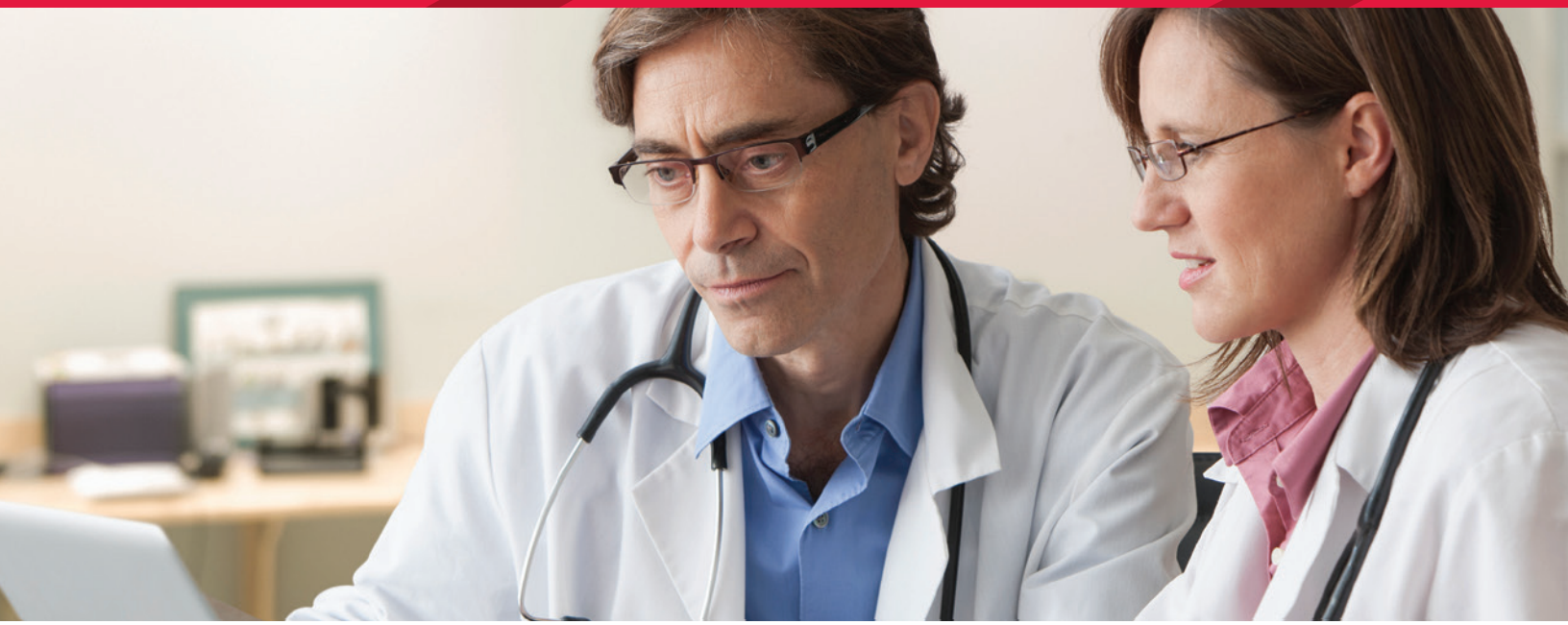
Some of the solutions proposed in this issue of *Sonoma Medicine* could make a difference. Extending office hours for primary care teams could allow our working population access to outpatient urgent care with physicians who have the patient's medical records. The teams could provide continuity of care and prevent the complications of waiting for a crisis. Increasing mental health care into the evening hours may reduce the burden on EDs for a type of illness they are poorly equipped to handle. Educating families and caregivers to recognize small problems before they become big problems may reduce the delay in getting appropriate care. Having a medical professional patients can call at any time may prevent an ED visit. Home health visits can keep patients well cared for, avoiding hospitals and EDs as much as possible.

Preventing falls in our senior population would decrease emergency visits as well as reduce the devastating fractures that often accompany the falls. Orthostatic hypotension in this group is common and is often secondary to medications. Balance issues from age-related neuropathy are also frequent. Doing orthostatic checks on office visits may identify a potential problem. Referring patients to yoga, Pilates or dance classes can reduce fall risks.

The ED is the safety valve for all of us. It is essential that we work with our patients and colleagues to make optimal use of this essential resource. ◇

*Email: bernsteinallan@gmail.com*

# Our Doctor Loan could help you buy a home



If you're a medical professional who wants to buy a home, I'd like to help. The Bank of America® Doctor Loan is designed to meet your unique needs, and may make it easier to qualify for a mortgage.[1] For instance, we may not count student loans when we calculate your total debts.[2] Other benefits include:

- You can put as little as 5% down on mortgages up to $1 million and 10% down on mortgages up to $1.5 million (some limitations apply)
- Start your new position up to 60 days after closing[3]
- Choose from a fixed- or adjustable-rate loan

The Doctor Loan could be a good choice for medical residents and licensed, practicing doctors, dentists or other eligible medical professionals. Give me a call to learn more. I'll be there to help you every step of the way, from application until closing.

## Contact me to learn more.

**Derrek Schurter**
Mortgage Loan Officer, VP
NMLS ID: 590682
707-529-2416 Cell
derrek.schurter@bankofamerica.com
mortgage.bankofamerica.com/derrekschurter

Bank of America Home Loans

[1] An applicant must have, or open prior to closing, a banking relationship with Bank of America. The relationship can be (at a minimum) a checking or savings account. Medical professional (MD, DDS, DMD, OD, DPM, DO, residents, and students whose employment begins within 60 days of closing) must be actively practicing in their field of expertise. Those employed in research or as professors are not eligible. For qualified borrowers with excellent credit. PITIA (Principal, Interest, Taxes, Insurance, Assessments) reserves of 4-6 months are required, depending on loan amount. Other restrictions apply.

[2] Additional documentation is required.

[3] If applicant's employment does not commence until after closing, sufficient reserves to handle all debt obligations between closing and employment start date + 30 days must be verified.

Credit and collateral are subject to approval. Terms and conditions apply. This is not a commitment to lend. Programs, rates, terms and conditions are subject to change without notice. Bank of America, N.A., Member FDIC. Equal Housing Lender. ©2015 Bank of America Corporation. ARMMS9K6 HL-112-AD 05-2015

# What if Primary Care Was as Easy to Access as the ED?

Veronica Jordan, MD, MS

If you are feeling sick and drive down a decent-sized road in a decent-sized city in the United States, you will eventually encounter a blue **H** sign indicating a nearby hospital. If you follow that **H**, you will soon see a large red **EMERGENCY** sign. And if you walk into that emergency department, regardless of your insurance status, regardless of your immigration status, regardless of the nature or severity of your illness, you will be seen. It may be 3 a.m. or 3 p.m., a weekend or a weekday, a private hospital or a public one. You may have money or you may not. You may have to wait one or two or 10 hours. But you will be seen.

If you are similarly ill and don't want to visit the ED, the path isn't so simple, and the signs aren't so obvious. If you don't have insurance, the problem is dire. If you are undocumented, even more dire. But having health insurance is no guarantee. Identifying a primary care office that is accepting new patients is its own challenge. Many local clinics have six- to eight-week waiting lists for "new patient" appointments; others are at capacity. If you *do* have a primary care physician, there is no surety that you will be seen today or even this week. You may spend an hour on hold waiting to talk to someone who may ask a few questions and then offer you an appointment for next Thursday. That same person may verify your insurance and inform you that it is no longer accepted or that your concern does not meet criteria for the limited urgent-care appointments available. She may direct you to the ED after all.

*Dr. Jordan is a family physician at Sebastopol Community Health Center.*

National statistics show that about 20% of American adults use the ED each year, and 7% have two or more visits.[1] Of those who are ultimately not admitted to the hospital, 80% say they used the ED because of access, 67% because of the seriousness of their medical problem, 48% because their primary care physician's office was not open, and 46% because they had no other place to go.[2]

EDs are designed to offer high intensity response to acute illness and injury. They must be prepared 24/7 for trauma, natural disaster and whatever enters the door. Unfortunately, a good percentage of the cases that present in EDs are not appropriate for emergency care, as they are either non-urgent, preventable or some combination of the two. Actual numbers are controversial (estimates range from 13% to 71%), but a recent study found that 59% of the reasons for which patients presented in an ED could have been attended to in a primary care office.[3]

ED care is also much more expensive than primary care: ED visits cost 320% to 728% more than primary care visits.[4] A 2013 study of 76.6 million visits found that the median charge for outpatient conditions in the ED was $1,233 (ranging from $740 for an upper respiratory infection to $3,437 for a kidney stone), while the median price for an office visit was $145.[5] This difference in cost is partly due to the increased care offered in the ED (35% of patients who go to the ED get an x-ray, and 17% get a CT or MRI scan),[2] partly due to hospital billing, and partly due to the expensive spectrum of services that must be readily available in an ED in case of a true emergency.

Mental health and substance-use disorders (MHSU) account for 12.5% of visits to the ED.[6] These are often cases in which patients are treated and released over and over again, putting a tremendous strain on resources. Patients with coexisting mental health and substance abuse diagnoses are much more likely than people with diabetes or chronic respiratory disease to use the ED.[6] The more severe the mental health problem, the more frequent the ED visit; uninsured MHSU patients have even more visits.[6]

Patients seeking primary care and mental-health services in the ED put layered burdens on an emergency system that isn't designed to manage chronic illness, offer preventive care or provide continuity. As a result, EDs are overcrowded, overburdened and underreimbursed (ED patients are more likely to be uninsured or self-pay, so up to

50% of ED claims are not paid), and ED personnel have little space or time to do what they do best. In short, our medical system spends a stupendous amount of money to care for patients in an utterly ineffective way.

What can we do in primary care to relieve the burden on EDs and ensure that patients are getting the right care in the right place?

The answer is simple. Patients need to have someplace else to go, and that someplace else should be their primary care physician (PCP). Most of my patients know that I am a better option than the ED, but heck, half of my family members and most of my friends still don't quite grasp the concept.

We need primary care embedded in our communities and our psyches. Last year, when one of my relatives got progressively shorter of breath over a period of months, she didn't once visit her PCP. Instead, she waited until she was so sick that she had to go to the ED, where she received a new diagnosis of heart failure. A few months later, she had nausea, vomiting and right upper-quadrant pain. Rather than calling her doctor, she again wound up in the ED—this time, flooded with intravenous fluids that were not great for her ailing heart.

In my relative's defense, her PCP's office is so overbooked, scheduling so clunky and triage so complex that they probably would have sent her to the ED anyway. Plus, she hardly knew her PCP. In a PCP-centered health system, this lack of familiarity wouldn't be the case. After all, we PCPs can handle shortness of breath and abdominal pain in the office, and we can often do it better than the ED because we know our patients, can see them again, and are uniquely equipped to prevent similar episodes in the future.

We need to show patients that having a relationship with a PCP will make them healthier and save them money, time and stress. But to do that requires several major overhauls. There need to be enough of us; we need to know our patients, teach our patients and be available to them; and we need to be creative in how we do all of this.

Implementation of the Affordable Care Act has increased the need for PCPS, so we need to enlarge the PCP pipeline by restructuring medical education. This restructuring should emphasize primary care instruction in medical school, foster health-center teaching, change the payment model of graduate medical education, and decrease the financial burden on physicians who choose primary care.[7–9] PCPs must create interdisciplinary teams instead of being dependent on individual physicians, and we must also welcome nurse practitioners and physician assistants to our table.[10] It is literally impossible for us to see the number of patients who need to be seen and do the work that needs to be done without partnering with these practitioners.[11,12]

Educating new providers is essential; educating our patients is even more important. Here is a basic question for patients: What constitutes an appropriate ED visit? The most common reason children visit the ED is cold symptoms; the top three reasons for adults are stomach pain, chest pain and fever.[1,3] Nobody should be visiting the ED for a cold, and most stomach pain does not require emergent evaluation or advanced imaging. But patients don't know that, and when they are ill, they get scared. We can teach patients about appropriate ED use, explaining what is truly an emergency, when they can wait until morning and what they can do in the meantime. We can do all this through office visits and creative media, such as public service announcements, school-based teaching and community health education.[13–15]

But to really keep patients out of the ED, we must have an established relationship with them and be available for reassurance when they are scared. I saw a very sick baby last month with bronchiolitis—he was as wheezy as they come. I know the mom well. She is also my patient; she trusts me. With my team's help, we saw her baby every single day for five days in a row, then every other day, then every third day. The baby got better, and mother and child never went to the ED, despite many friends and family urging them to go.

Truly robust primary care is a marriage of access and trust. We must increase patient access to trusted primary care teams on days, nights and weekends. Our primary care sites need to help patients avoid the ED by offering urgent care through extended hours (early mornings, late nights) and weekends. We need good follow-up with our chronically ill patients to catch them before they get acutely ill. We also need to have more freedom to "see" patients online or on the phone. Our current payment models force us to fill many visits with non-urgent matters, thereby taking up potential urgent-care slots. The payment models also shunt people to the ED rather than saving money and time by helping us attend to them in more creative ways.

When patients who overuse the ED are closely managed by a multidisciplinary team, their ED utilization decreases.[16] These patients respond to individualized care, case management, social work, housing and substance-abuse treatment. At West County Health Centers, we have been working with Partnership Health Plan on projects such as these, and we have seen success. Simple solutions—such as nurse advice lines, weekly medication organizers, home visits and crisis plans—do reduce unnecessary ED visits.

There are countless ways in which PCPs could do a better job of helping patients get the right care in the right place; but perhaps what we really need are signs on the highways and byways directing people toward primary care. Instead of a blue **H** for hospital, we could have an orange **PCP** for primary care physicians. And instead of a bright red **EMERGENCY**, we could have a healthy green **PRIMARY CARE**. ◇

*Email: vcjordan@wchealth.org*

## References

1. CDC, "One in five Americans report visiting ER at least once in the past year," www.cdc.gov (2013).
2. Gindi RM, et al, "ER use among adults aged 18–64," www.cdc.gov (2012).
3. Adekoya N, "Reasons for visits to EDs for Medicaid and State Children's Health Insurance Program patients," *NC Med J*, 71:123-130 (2010).
4. McWilliams A, et al, "Cost analysis of the use of EDs for primary care services in Charlotte, NC," *NC Med J*, 72:265-271 (2011).
5. Caldwell N, et al, "How much will I get charged for this?" *PLoS ONE*, 8:e55491 (2013).
6. Coffey RM, et al, "ED use for mental and substance use disorders," www.hcup-us.ahrq.gov (2010).
7. Obley AJ, Cooney TG, "Fixing the primary care pipeline," *J Grad Med Ed*, 5:543-544 (2013).
8. Rieselbach RE, et al, "Academic medicine: a key partner in strengthening the primary care infrastructure," *Acad Med*, 88:1835-43 (2013).
9. Fodeman J, et al, "Solutions to the PCP shortage," *Am J Med*, 128:800-801 (2015).
10. Bodenheimer T, "Building teams in primary care," www.chcf.org (2007).
11. Halter M, et al, "Contribution of physician assistants in primary care," *BMC Health Serv Res*, 18:223 (2013).
12. Hooker RS, Everett CM, "Contributions of physician assistants in primary care systems," *Health Soc Care Comm*, 20:20-31 (2012).
13. Corrigan PW, et al, "Examining the impact of public service announcements on help seeking and stigma," *J Nerv Ment Dis*, 203:836-842 (2015).
14. Stockwell MS, et al, "Effect of a URI-related educational intervention in Early Head Start on ED visits," *Pediatrics*, 133:e1233-40 (2014).
15. Hsu CH, et al, "Effect of continuity of care on ER use for diabetic patients varies by disease severity," *J Epidemiol*, Epub ahead of print, (Feb. 20, 2016).
16. Robert Wood Johnson Foundation, "Better care for super-utilizers," www.rwjf.org (2013-14).

# Physician Job Opportunities

**Annadel Medical Group, a premier multi-specialty practice based throughout Sonoma County, has openings for the following specialties:**

**• Family Practice • Internal Medicine • Pediatrics Hospitalist (FP or IM) • Emergency Medicine**

As a proud member of St. Joseph Health, Annadel Medical Group is fully integrated with Santa Rosa Memorial Hospital, a Level II Trauma Center, and Petaluma Valley Hospital.

Generous salary, retirement, and attractive benefits are available! Interested parties should send CV to **Ellen Layher: Ellen.Layher@stjoe.org**

**AnnadelMedicalGroup.com**

St. Joseph Health℠
Annadel Medical Group

# *Do you know What, When and How to Report Child Abuse?*

## FREE ONLINE COURSE!

- Course developed by the Child Abuse Prevention Center
- Approved for 1.25 *AMA PRA Category 1 Credits*™
- Approved for 1.25 CE credits
- **Course available 24/7**

Institute *for* Medical Quality

**Pre-register NOW at:**

**http://www.imq.org/education/caprrc.aspx**

# A New Model for After-Hours Care

Jim Schieberl, MD

Illness does not take a holiday. After-hours care has always been part of the bargain for primary care physicians, but this responsibility has taken a new form in the outpatient setting at Kaiser Permanente Santa Rosa Medical Center. In April 2015 we reengineered our traditional office-based after-hours care system into a telephone-based triage system that has allowed a flexibility we never before imagined.

The previous after-hours system was a standard open-access model with in-office appointments every 15 minutes. These were booked through our call center under protocols we developed. The goal of this approach was to maximize appointments with the least amount of physician staff. The assumption was that the presenting complaints are simpler during the after-hours period, meaning we could manage more patients in less time. Unfortunately, the pace was hectic, demanding and unsatisfying to physician and patient alike.

Enter the new system: blocks of telephone appointments every 10 minutes, followed by a 20-minute appointment that the physician could make if necessary. This model creates a concierge type service because patients can see the physician they already spoke to on the phone.

*Dr. Schieberl, a family physician, is chief of medicine at Kaiser Permanente Santa Rosa.*

Under the new model, patients get answers more rapidly than before, without always needing to visit the clinic. They can also get necessary tests and x-rays if they do need to be seen. When these patients present, the physician has the requisite historical information and now just completes the visit. The 20-minute visit is easier to complete and allows more time for questions. In our experience, at least 80% of telephone visits are resolved by phone alone, which is far more efficient than our previous system. If triage reveals a serious concern, we can send patients directly to the emergency department and alert our ED colleagues.

The efficiency multiplies. Each physician can handle 36 appointments a day during the after-hours period (6-8 in person and the rest by phone), and we can staff fewer physicians on each weekend, thereby preserving their clinic presence during the week. This schedule allows our in-hours patients to see their own physician and reduces the burden of weekend and evening service, which is a huge physician satisfier. The gains have been impressive. Even though we require fewer ancillary staff, the overall access is improved given the number of appointments we can generate. We often have unfilled appointments by the end of after-hours care.

Our patient advisory groups have been supportive of the new after-hours system from the beginning, and our patient satisfaction scores remain high. Patients don't want to be seen unless they have to, and they prefer to go to the emergency room if that is the best level of care. Another benefit is that we can redirect to the primary care physician concerns that are best left to long-term workup and management, cementing the bonds between physician and patient.

Last but not least, the new after-hours system allows us to showcase our electronic medical record system and our technological power. On a recent weekend, I spoke on the phone with a patient who was concerned that her recently prescribed antibiotic might be causing a rash. She had a smartphone, so we used an app to initiate a video visit and confirmed that the rash was likely caused by her antibiotic. She was satisfied and had no cost. In the old system, this type of visit would not have been possible.

As Kaiser Permanente Santa Rosa forges ahead through the digital world, we will continue to find new ways to coordinate care by using phones, smartphones, tablets and desktop computers in ways that satisfy the medical needs of our community. This is the power of our integration. ◇

*Email: james.l.schieberl@kp.org*

# The CMA/SCMA's exclusive new Workers' Compensation program can help your practice save money!

## Savings

**CMA members qualify for an additional 5% discount* on top of Preferred Insurance's already competitive rates.** Preferred's rates are set for long term consistency, and are managed by focusing on safety and injury prevention, fraud prevention and the control of medical costs for your practice by getting employees back to work as soon as practical.

## Service

Mercer's team of insurance advisors is knowledgeable about the needs of physicians and is available to walk you through the application process. Preferred's claims examiners are experts in helping members with an employee injury or illness claim. Plus Preferred's payroll management and flexible payment plans help you manage your premiums in the way that works best for you and your practice's cash-flow needs.

## Safety

In addition to mandatory CalOSHA information and videos on workplace safety, Preferred's team of Risk Advisors are available for consultations when you need them. They also have a strong fraud prevention policy and as a California-based carrier, they know exactly what it takes to do business successfully in this State.

## Stability

Preferred Insurance prides itself on its stability, which includes maintaining some of the best and most consistent pricing available for CMA members. And because of its Medical Provider Network of credentialed medical professionals, claim costs can be closely monitored and managed while providing quality care to injured employees.

**Call Mercer today at 800-842-3761 for a premium indication.**

CMACounty.Insurance.service@mercer.com or www.CountyCMAMemberInsurance.com.

See how CMA/SCMA's Workers' Compensation team can help you save!

Sponsored by:

CMA California Medical Association

S·C·M·A

Underwritten by:

Preferred Employers Group a W.R. Berkley Company

MERCER MAKE TOMORROW, TODAY

Scan for info:

*Most practices will qualify for group pricing and receive the 5% discount; however some practices will need to be underwritten separately when they do not qualify for the special program terms and conditions. A minimum premium applies to very small payrolls.

Mercer Health & Benefits Insurance Services LLC • CA Ins. Lic. #0G39709 • Copyright 2016 Mercer LLC. All rights reserved. • 75522 (4/16)

777 South Figueroa Street, Los Angeles, CA 90017 • 800-842-3761 • www.CountyCMAMemberInsurance.com • CMACounty.Insurance.service@mercer.com

# Settling Into a New Emergency Department

John Stein, MD

*Sutter Santa Rosa emergency department waiting room.*

Sutter Santa Rosa Regional Hospital, which opened on Mark West Springs Road in October 2014, features a state-of-the-art emergency department, a major upgrade from our old ED on Chanate Road. Two large resuscitation bays in the new ED house some of the most modern equipment medicine can provide. In 10 additional treatment rooms, physicians can monitor patients intensively and implement a broad array of emergency interventions. Four more treatment spaces in the main portion of the ED are used for lower-acuity monitoring. Finally, a five-room area provides streamlined treat and release (STAR) capability for patients who do not require substantial monitoring.

We also upgraded to a fully integrated health record (EPIC) that bridges inpatient and outpatient Sutter facilities. The system has fundamentally changed the way we practice emergency medicine. While EPIC took some getting used to and slowed down our operations transiently, our physicians and other providers now believe that the benefits outweigh the downsides. As soon as a patient arrives, our providers can instantly access a patient's past medical history and see recent evaluations, such as laboratory and radiology studies. This ability to acquire information rapidly has greatly improved our ability to deliver high-quality medical care.

Our patient volume has increased roughly 25% since we moved to the new facility. The reasons for this increase are many, including the expanding role of the Affordable Care Act, the temporary closure of Palm Drive Hospital, and our more visible location adjacent to Highway 101. Accommodating the increased volume of patients has been our major focus during the past year and a half, and it has required quite a bit of workflow restructuring. We have improved efficiency within our own department and also upgraded our processes with laboratory, radiology and other departments. Thanks to these changes, throughput time for patients has been reduced roughly 20% since our move, thereby increasing our capacity to care for additional patients.

Sutter Santa Rosa Regional Hospital recently received the highest ratings from the Joint Commission for treating stroke, heart attack, congestive heart failure and pneumonia. These conditions are almost always diagnosed in the ED, and their initial care and resuscitation starts with us. We are proud to have contributed to the hospital's high rating.

Our two greatest challenges are shared by EDs nationally: "boarding" ED patients and managing psychiatric patients. Boarding occurs when a patient has received an emergency workup and evaluation and an emergency physician has admitted the patient to the hospital. Even though the patient has been admitted, he or she remains in an ED bed for many hours. The longer an admitted patient stays in the ED, the

*Dr. Stein is chief of emergency medicine at Sutter Santa Rosa Regional Hospital.*

## WEIGHT LOSS & WELLNESS

Year after year, you advise your patients to lose weight.
***Let us help you*** tackle this complex issue.

Even a little bit of weight loss can make a difference:

- Prediabetes
- Reflux
- Infertility
- Snoring and Sleep Apnea
- Back and Knee Pain

Gail Altschuler, MD
MEDICAL DIRECTOR

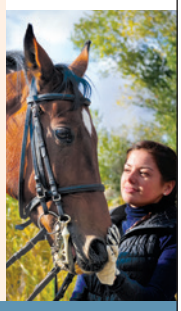
The Altschuler Center
**Your new patient referrals**
can be cared for in person, by phone and online.

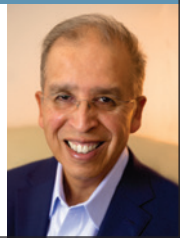
**415-897-9800** GREENBRAE • NOVATO • www.MarinWeightLoss.com

## Considering a residential treatment or outdoor program?

**Collaborating with referring professionals, Bob Casanova, Psy.D. is a nationally respected educational consultant who specializes in providing recommendations for students with special needs of an emotional, behavioral or psychological nature.**
Bob travels extensively throughout the year and has personally toured over two hundred schools and programs. As a Licensed Marriage and Family Therapist, Bob credits his clinical training and experience in deepening his understanding of a student's needs. Bob helps students and families dealing with issues such as:

- Depression
- Anxiety
- Drug or alcohol abuse
- Social concerns
- School failure or refusal
- Self-harm
- Oppositional and defiant
- PTSD / trauma
- Autistic spectrum/NLD
- Low self esteem
- Adoption/ attachment issues
- Family conflict
- Loss and grief
- Divorce
- Learning differences





**Bob Casanova, Psy.D.**
Educational Consultant
Licensed Marriage & Family Therapist
License Number: LMFT 37137
707-544-7000

1260 North Dutton Ave.
Suite 175
Santa Rosa, CA 95401
drbob@bobcasanova.com
www.bobcasanova.com


more difficult it is to take care of the new patients who are constantly arriving. We have made progress with this scenario, but the fact remains that on some days local and regional hospitals don't have any beds available for these patients. We are working with other Sutter facilities to help with this situation, but boarding remains an ongoing struggle. We are committed to finding solutions.

The situation for psychiatric patients is similar. A wide variety of patients with mental-health issues present to the ED, and our main job is to ensure that these patients don't have any acute medical problems contributing to or exacerbating their psychiatric symptoms. This medical clearance process usually takes about an hour, but the patients frequently stay in the ED for 12 more hours, and sometimes more than 24 hours, until they are accepted by the county's psychiatric emergency services (PES) team. Fortunately, the county recently opened a new PES facility in southwest Santa Rosa that has substantially greater capacity than the old PES facility on Chanate Road. Plans are in place to evaluate psychiatric patients' medical needs at the new facility. In the future, psychiatric patients may not need to stop at the ED before presenting at the PES facility. Sutter is partnering with the county PES team to optimize medical evaluation in the ED and subsequent psychiatric care.

The new Sutter ED houses a fantastic team of board-certified emergency physicians, along with a robust group of mid-level practitioners. The nursing staff is well trained and exceptionally dedicated, and we have the ancillary services and specialty consultants to handle a wide variety of emergency conditions. A year and a half into our new facility, we have experienced most of the bumps and bruises associated with such a major change. Now that we have settled in, we are proud of the care that we provide to the community. ◇

*Email: steinj@sutterhealth.org*

# Treatment Innovations for Traumatic Injuries

Brian Schmidt, MD

The first patient I saw in the Santa Rosa Memorial Hospital emergency department had been stabbed in a subclavian artery by his spouse and was hypotensive. I looked around the ED, but there was only one nurse and no one else to help me on that eventful day in 1989. The patient died while waiting for the operating room team and anesthesia to arrive. We were only one hour away from San Francisco General Hospital, but Sonoma County was still in the dark ages of trauma care.

I later partnered with Jim Adams to establish a trauma center at the hospital, and in 2000 Santa Rosa Memorial Hospital (SRMH) was designated as a Level II trauma center by the Coastal Valley EMS agency and the American College of Surgeons. We saw 700 trauma patients during our first year. Last year, we saw 2,300 trauma patients and 1,000 acute-care surgery patients. We are now the largest department at SRMH and the second largest Level II trauma center in California. We have the highest injury severity score of our hospital size in the United States because we do not overtriage patients.

*Dr. Schmidt, a general surgeon, directs the trauma center at Santa Rosa Memorial Hospital.*

We receive patients from Sonoma, Marin, Napa, Lake and Humboldt counties, and they often arrive by air ambulance, which is imperative for timely transfer of critically injured trauma patients. All outlying EDs post the re-triage of major trauma patients so that the criteria are clearly stated and can be reviewed prior to patient transfers. The outlying hospitals count on us to accept trauma patients, as a rapid and efficient transfer is paramount for best outcomes.[1] Two-thirds of preventable deaths occur from outlying facilities. When I first reviewed trauma deaths at SRMH in 1996, 23% were preventable. Now less than 1% of trauma deaths at SRMH are preventable or possibly preventable.[2]

Traumatic injuries continue to be the No. 1 medical problem in our country and county, and are the No. 1 cause of death in the first four decades of life. Young people who are fatally injured lose the most years of life. Trauma injury accounts for 30% of all life years lost in the United States. The two other top causes are cancer (16%) and heart disease (12%).[3]

A major trauma patient is defined as having greater than 10% mortality. If you fall and break a wrist or ankle, you do not qualify as a major trauma patient. EMS providers in the field use standardized physiologic, anatomic and mechanism-of-injury criteria to assess trauma severity. Physiologic criteria include blood pressure less than 90 and respiratory rate less than 10 or greater than 25. Anatomic criteria include open or depressed skull fractures; penetrating injuries to the head, neck or torso; pelvic fractures; and flail chest or traumatic paralysis. Mechanism-of-injury criteria include motor vehicle accidents greater than 40 miles per hour; death of an occupant in the same vehicle; prolonged extrication greater than 20 minutes; auto vs. bike or pedestrian greater than 5 miles an hour; or falls greater than 20 feet.

Patients younger than 5 or older than 55 are considered higher risk groups. Other comorbid factors include cardiac or respiratory disease, cirrhosis, diabetes, pregnancy, bleeding disorders and use of anticoagulants.[4] The most common injuries we see at SRMH trauma center are falls (39.5%), motor vehicle crashes (25%), penetrating injuries, such as gunshot and stab wounds (7%) and bicycle crashes (5.2%). Falls in patients older than 65 have the highest mortality rate, especially if the patient is on an anticoagulant.

Another way to determine mortality is the injury severity score (ISS), which ranges between 0 and 75. A score of 9 or more results in greater than 10% mortality. For example, an isolated femur fracture has an ISS score of 9, as does a patient with greater than 3 ribs fractured. A more severe condition, such as subdural hematoma, receives an ISS score greater than 15.[5]

The American College of Surgeons' manual *Resources for Optimal Care of the Injured Patient* sets forth 108 criteria that must be met for verification as a Level II trauma center.[6] At our last ACS review in March 2015, we met or exceeded all 108 criteria. Only 40% of California's Level II trauma centers are verified by the ACS, which has higher standards than the state.

The ACS criteria include equipment specifications; readily available staff, such as physicians, nurses, phlebotomists, x-ray technicians and clergy; proper training and continuing education; and a robust trauma registry for collecting data. A monthly quality performance report reviews all deaths for preventability, all delays in care, and all missed injuries and complications.

Trauma guidelines are available on the hospital computer and will soon be available on smartphones. The guidelines specify best practices and are updated every three years. Guidelines are available for many types of trauma patients, including pediatric, pregnant and brain-injury patients. A trauma patient frequently sees more than 100 health care providers during his or her stay at our trauma center. This is quite a dance to orchestrate!

When patients enter the trauma center, they first receive a primary ABCDE survey: airway, breathing, circulation, disability and environment. The secondary survey is a head-to-toe physical exam, with all clothes off. Adjuncts to care include IVs and IV fluid, possibly blood and blood products, x-rays, fast ultrasound, splints and medication. This phase of care usually takes 15–20 minutes. After the primary and secondary survey, the big decision for the trauma surgeon is to determine if the patient needs to be transported immediately to the operating room. At the trauma center, approximately 6% of patients need to go to the OR at SRMH immediately; most of the other patients go to our 64-slice or 16-slice CT scanners. After the CT scan, the injuries for these patients are diagnosed and a treatment plan is initiated.

Patients managed at a trauma center have a 25% lower mortality rate than patients at non-trauma centers. The overall mortality for hospitals with a Level II trauma center is 7% less than for hospitals without a trauma center.[7] Trauma centers are accustomed to high-acuity patients and have readily available staff, blood and equipment, with ORs always immediately available.

Recent innovations in trauma care at SRMH include:

- Point-of-care testing in the ED with handheld blood analyzers for CBC, prothrombin times, blood gas and lactate analysis.
- Point-of-care testing in the OR and ICU with a blood gas analyzer for similar labs.
- Latest version of an ultrasound in the ED that can immediately detect bleeding around the heart and in the abdominal cavity. Findings can lead to an immediate trip to the OR and bypass the CT scan.
- A massive-transfusion (MT) policy whose goal is to minimize crystalloid IVF infusion and administer packed red blood cells to plasma to platelets at a 1–1–1 ratio.[8] Tranexamic acid is used to treat or prevent excessive blood loss from trauma.[9] After SRMH adopted this MT policy, which is based on treatment innovations from the first Iraq War, the survival rate of SRMH patients needing massive transfusions increased from 42% to 72%.
- Other innovations adopted from the Iraq war include permissive hypotension, vascular shunts, external fixation, hemostatic packs and tourniquets.
- Rapid transfusers that can administer a unit of blood in less than one minute and warm to 41° Celsius.
- Use of direct damage-control surgery, not only for trauma, but also for ruptured aortic aneurysms, chest injuries and septic unstable GI cases.
- Use of file-storage sites to view images from all outlying facilities. This file sharing results in less re-imaging, which otherwise can run as high as 20–30%.
- Urgent warfarin reversal with non-activated, four-factor prothrombin complex concentrate.
- Bedside tracheostomies.
- More liberal and/or earlier use of enoxaparin sodium to prevent deep vein thrombosis in patients with traumatic brain injury and/or solid injuries to the liver, spleen, kidney or other organs.
- Early rib fixation for displaced rib fractures, especially with flail chest.

Prevention is a key focus of the SRMH trauma center. Fifty percent of traumatic deaths are due to brain injury and primary brain injuries, which are not reversible. We work with the Safe Kids program to promote bike

IHM INSTITUTE FOR HEALTH MANAGEMENT
*A Medical Clinic / Robert Park, M.D., Medical Director*
THE SAFE EFFECTIVE APPROACH TO RAPID AND PERMANENT WEIGHT LOSS
• Medically Supervised • Nutritional Counseling
• Registered Dietician • Long Term Weight Maintenance
715 Southpoint Blvd., Suite C
Petaluma, CA 94954
**(707) 778-6019** 778-6068 Fax
350 Bon Air Road, Suite 1
Greenbrae, CA 94904
**(415) 925-3628**

safety, distribute bicycle helmets and install car seats. We are also involved with Every 15 Minutes, which makes presentations to high school students about safe choices and driving. (The program name comes from the fact that one American teenager dies of an alcohol-related driving accident every 15 minutes.) We support Gun Information for Teens, a program for middle-school students, and we are involved with a county initiative against distracted driving.

The SRMH trauma center is a state leader in donor conversion rates, which at times have been greater than 90%. Jan Gritsch, RN, was the real champion of this cause. She recently retired but should be acknowledged for her tireless work as the trauma nurse manager during most of my time as director of the trauma center. Trauma care is a team sport, and I want to also acknowledge the many team members who step up every day to take on the challenges of some of the sickest patients in our community.

Recently, I saw one of our patients in outpatient rehabilitation. He had sustained severe abdominal, pelvic and extremity injuries from a high-speed motorcycle accident and had received more than 100 units of blood products while in our care. He gave me a big hug and graciously thanked our team for saving his life. He did have to undergo an above-knee amputation but is now walking with prosthesis.

Another trauma patient I recently treated was John Taylor, an ex-49er football player. He was driving his Chevy Suburban, which was loaded with prizes for a fundraiser, and collided head-on with a taco truck. He had massive injuries, including 11 rib fractures and injuries to his liver and spleen. His heart stopped in the ED (blunt traumatic arrest). Only 1% of blunt traumatic arrest patients survive, and because of anoxic brain damage, only 50% of those survivors function normally. John survived and is recuperating.

John recently sent me a note giving the trauma center many heartfelt thanks for saving his life. "My new motto is Never Give Up," he wrote, adding, "I got my strength to live from my family." Just an amazing story. ◇

*Email: bschmidtmd@aol.com*

## References


1. Garwe T, et al, "Survival benefit of transfer to trauma centers for major trauma patients initially presenting to nontertiary trauma centers," *Acad Emerg Med,* 17:1223-32 (2010).
2. Sanddal TL, et al, "Analysis of preventable trauma deaths and opportunities for trauma care improvements in Utah," *J Trauma,* 70:970-977 (2011).
3. CDC, "Trauma statistics," www.nationaltraumainstitute.org (2014).
4. Sasser SM, et al, "Guidelines for field triage of injured patients," *MMWR* (Jan. 13, 2012).
5. "Injury severity score" www.mdcalc.com (2016).
6. Committee on Trauma, *Resources for optimal care of the injured patient,* American College of Surgeons (2014).
7. MacKenzie EJ, et al, "National study on costs and outcomes of trauma," *J Trauma,* 63:54-67 (2007).
8. Sperry J. et al, "FFP:PRBC transfusion ratio > 1:1.5 is associated with a lower risk of mortality after massive transfusion," *J Trauma,* 65:986-993 (2008).
9. Crash-2 collaborators, "Efficacy of tranexamic acid on death in trauma patients," *Lancet,* 376:23 (2010).

*your*
GUIDE
GUARD
ADVOCATE

MEDICAL PROFESSIONAL LIABILITY INSURANCE
# PHYSICIANS DESERVE

Offering top-tier educational resources essential to reducing risk, providing versatile coverage solutions to safeguard your practice and serving as a staunch advocate on behalf of the medical community.

**Talk to an agent/broker about NORCAL Mutual today.**

NORCAL MUTUAL®

NORCALMUTUAL.COM | 844.4NORCAL

© 2015 NORCAL Mutual Insurance Company.
nm0681

# Improving Survival Rates for Heart-Attack Victims

Lauri McFadden, EMT

In August 2014, Steve Griffith was working on the roof of his home in Forestville on a hot afternoon. He started to feel ill and went inside. After a medical consultation by phone, he was preparing to go the hospital when he collapsed. His 13-year-old son Lewis, who had received free CPR training from Save Lives Sonoma at Forestville Academy, immediately began administering CPR. A few minutes later, paramedics arrived, and Steve ultimately survived.

Heart disease is the leading cause of death in the United States, resulting in more deaths each year than chronic respiratory diseases, strokes, unintentional injuries, diabetes and influenza combined. When a person collapses with sudden cardiac arrest, the need for immediate response with CPR and defibrillation is paramount. A heart-attack victim's chance of survival decreases by 10% for every minute without circulating blood, and chances of making a full recovery after cardiac arrest decline even faster.

In Sonoma County, heart-attack victims have a better chance of survival than elsewhere, thanks in part to Save Lives Sonoma, a program that empowers the public with the knowledge and resources necessary to give heart-attack victims a fighting chance.

Save Lives Sonoma is a multi-agency group comprised of medical professionals, emergency responders and other community groups who want to improve heart-attack survival rates in Sonoma County. The organization offers free compression-only CPR training and works to increase access to automated external defibrillators (AEDs) throughout the county. Save Lives Sonoma's mission is to train all Sonoma County residents in compression-only CPR, and to increase the frequency of CPR initiated by bystanders. The organization also encourages high-quality CPR among emergency responders, provides training on the use of AEDs for heart-attack victims, and places AEDs in Sonoma County schools.

Location is the most important factor affecting heart-attack survival rates. According to a recent annual report by the Seattle & King County Division of Emergency Medical Services, the survival rate in that location is higher than anywhere else in the country, with an astounding 62% of heart-attack victims saved.[1] In contrast, cities like Chicago and New York have heart-attack survival rates in the single digits. The report attributes Seattle/King County's achievement to high rates of CPR training and awareness and increased public availability of AEDs.

Project Heartbeat in San Diego is another successful program for saving heart-attack victims. Since the program began in 2001, more than 100 heart-attack victims in the city have received lifesaving care from bystanders using a Project Heartbeat AED. (Student athletes make up a substantial portion of those heart-attack victims.)

Save Lives Sonoma, which began in 2011, has already begun to improve the survival rate of heart-attack victims in Sonoma County.[2] With more funding, the organization may be able to achieve the same survival rates as Project Heartbeat and the Seattle/King County EMS.

Save Lives Sonoma has provided compression-only CPR training at more than 30 Sonoma County middle schools, and the training will be extended to even more schools this year. Hundreds of students can be trained in the use of compression-only CPR in just one class period. They learn that you don't have to be an emergency medical specialist to save a heart-attack victim.

Program volunteers have trained more than 4,000 students and teachers in Sonoma County to date. The trainers encourage all participants to train their own family members, which increases the reach of compression-only CPR training exponentially. Save Lives Sonoma hopes to supply all Sonoma County schools with CPR training kits—in addition to the AEDs they have already received from the program—so the schools can include compression-only training in their regular physical education curriculum.

James Salvante, a Save Lives Sonoma volunteer who helps coordinate the county's EMS agency, observes, "There are many instances where CPR is not performed because the bystanders are afraid they might do it wrong, or they expect someone else with more training to take action. By increasing

*Ms. McFadden, operations manager for American Medical Response, chairs the Save Lives Sonoma group.*

***Save Lives Sonoma CPR training session at Rincon Valley Middle School in Santa Rosa.***

awareness about the ease of compression-only CPR, we work to dispel this fear. The first responder is as important to a heart-attack victim's survival as the paramedics."

This importance was certainly true in the case of Petaluma resident Tena Jackson, who was saved in 2015 when she received CPR from her daughters Emmy and Koko. Emmy had just learned compression-only CPR during a Save Lives Sonoma training session at Petaluma Junior High School.

Save Lives Sonoma depends on funding from a HeartRescue grant and other contributors, along with work from volunteers. The program's biggest contributors include American Medical Response; Kaiser, Sutter and Memorial hospitals; and Northern California Medical Associates. Wendy LaBranche, NCMA's chief operating officer, plays an instrumental role in coordinating funding for Save Lives Sonoma. She explains that the organization requires money for the equipment and software needed to involve the community in heart-attack response.

Since cardiac arrests occur in all kinds of places at random times, placing AEDs in as many locations as possible can increase heart-attack survival rates. Save Lives Sonoma helps guide AED owners through the process of registering their equipment to meet California's legal requirements for AEDs.

While Save Lives Sonoma cannot claim all the credit for making Sonoma County a safer place for victims of heart attack, the program has made a significant difference. Its strength comes from a committed group of emergency medical responders, paramedics, hospitals, health care professionals and concerned community groups who support its efforts.

The Save Lives Sonoma group meets monthly in the American Medical Response building at 930 South A Street in Santa Rosa. To make a donation, contact Lauri McFadden at 707-536-0425 or lauri.mcfadden@amr.net, or go to savelivessonoma.com. For more information on Save Lives Sonoma training for compression-only CPR, or how to register your AED, visit savelivessonoma.com. ◇

*Organizations involved with Save Lives Sonoma include American Medical Response, American Heart Association, Bodega Bay Fire Department, Coast Life Support District, Central Fire Authority of Sonoma County, Coastal Valleys EMS Agency, REDCOM, Santa Rosa Fire Department, Santa Rosa City Schools, St. Jude Medical, Santa Rosa Memorial Hospital, Petaluma Valley Hospital, Sutter Medical Center of Santa Rosa, Kaiser Permanente, Medtronic, Petaluma Fire Department, Sonoma Fire Department, American Red Cross, Sonoma County Paramedic Association, Sonoma Valley Fire, SOS CPR, Petaluma Health Care District, verihealth, and Rancho Adobe Fire Department.*

## References

1. Seattle & King County Division of Emergency Medical Services, "2014 Annual Report," www.kingcounty.gov (2014).
2. Cardiac Arrest Registry to Enhance Survival (CARES), Annual Report, www.mycares.net (2016, in press).

# The Man Who Lost His Past

T.W. Hard, MD

*The fault, dear Brutus, is not in our stars but in ourselves.*

*—Shakespeare,* Julius Caesar

i.

**Surgical residents** like to tell the story about a famous Stanford heart surgeon who operated late one night and then boarded an early morning flight from San Francisco to give a paper in Chicago. He planned to return the next day and carried a single bag, which he stowed in the overhead compartment. As the plane taxied out to the runway, he promptly fell asleep. When he awoke, the plane had landed, and everyone was getting off. He grabbed his belongings and exited the terminal with the crowd. Outside, he hailed a taxi and asked for the downtown Hyatt, where he had reservations. Sitting in the back of the cab, and concerned about his presentation, he opened his briefcase and began reviewing his paper. When he arrived at the Hyatt, he tried to check in but found they had no reservations. Only then did he discover that he was still in San Francisco.

We laugh about such stories and credit the mistake to a brilliant surgical professor who was overtired and absent-minded. He was so sound asleep and distracted that he never realized his plane had developed engine problems and returned to the terminal without taking off.

*Dr. Hard is an emergency physician at Petaluma Valley Hospital.*

But what about the physician I heard about who returned to the United States from Rio de Janeiro and couldn't remember who he was, where he came from, or why he was in Los Angeles International Airport. It was as if a section of his past had been wiped from his memory banks. Fortunately his wife recognized him and brought him home. Imagine the concern of the patient and his family. Was this a stroke? Might this be the beginning of Alzheimer's? Was the amnesia related to drugs? Or could this be a concussion from an unremembered fall?

What would happen if this physician couldn't get his memory back, like the patient who made worldwide news after he was discovered walking near an English Channel beach in the county of Kent, dressed in a sopping coat and tie? He had no ID and could not speak, so he was taken to a nearby hospital. When hospital staff gave him a pen and paper to write his name, he made an elaborate sketch of a grand piano. Staff then took him to a piano in the hospital chapel, where he reportedly played Tchaikovsky's "Swan Lake" flawlessly. Despite widespread television and newspaper coverage, the Piano Man's identity remained unknown. Was he perpetrating a hoax? Or did he have severe, abrupt amnesia?

During the past year, I have seen two patients in the emergency department with somewhat similar, unusual presentations. Both patients were relatively healthy middle-aged people with essentially normal physical and neurological exams, and they both presented with acute short-term memory loss. They could remember their names and their distant past, but they couldn't remember where they were or what had occurred in the last several days. In one case, the patient didn't recognize his wife.

How do you work up these patients? Should they be admitted to the hospital? Is there any relationship between their condition and prescription drugs? What do you tell the family about the severity and long-term prognosis of the condition? Most important, what is the diagnosis?

ii.

**On the day** he presented to the ED, one of the patients mentioned above—I'll call him Gordon—awoke normally but began questioning his wife over and over about what had happened that morning and what his schedule was for today. His wife said he had had an uneventful evening at home, with no history of fall, head injury, or any suspicion of illness or altered sensorium.

Gordon was on statins and occasionally took zolpidem (Ambien) to help with sleep. Otherwise he had no history of diabetes or significant cardiovascular or cerebral disease. He was able to remember some details of his remote past but couldn't remember his wife's name and was confused about the day. He rarely used alcohol, denied use of marijuana or narcotics, and led a reasonably normal life, with no recent trips or changes in his routine. Although he was under moderate stress in his work

situation, there were no unusual, traumatic events to suggest the presence of post-traumatic stress syndrome or an acute fugue state caused by severe psychological stress.

On physical exam, Gordon's vital signs were stable, with slightly elevated blood pressure and normal temperature and pulse. Except for his abrupt memory loss, his neurological exam was also normal, with cranial nerves intact. He had good muscle strength, equal reflexes and no obvious sensory loss.

Nonetheless, Gordon required a full stroke workup, including labs, EKG and drug testing, plus CT and MRI of the brain. All findings were within normal limits. A neurologist called in for consultation recognized Gordon's syndrome and was able to provide recommendations for evaluation and follow up.

No, Gordon didn't require hospitalization as long as he was in a safe environment; yes, he should get his memory back in the next 24 hours; and no, the syndrome usually doesn't recur or predict early Alzheimer's or risk of stroke. Based on Gordon's history and workup, his findings were consistent with transient global amnesia.

iii.

**In popular literature,** amnesia often serves as a plot device for complex and intriguing novels. Consider Jason Bourne in *The Bourne Identity* (Ludlum, 1980), who is discovered floating in the ocean with two bullets in his back and can't remember who he is. Or the terribly burned Count Laszlo Almasy in *The English Patient* (Ondaatje, 1992), who can only recall fragments of his past. Or the recent *Before I Go to Sleep* (Watson, 2011), in which a woman wakes up with amnesia and a stranger in her bed.

For people in both real and fictional life, acute amnesia can be extremely disturbing. Patients with sudden loss of memory are usually anxious, confused and terribly worried their memory will not return.

Historically, severe amnesia has been associated with catastrophic traumatic brain injury or stroke. Often the loss of memory comes from a significant anatomical event in which there is cellular damage to areas of the brain that supply long- and short-term memory. In these cases, the amnesia is usually prolonged and commonly associated with cognitive impairment, as well as neurological deficits.

The causes of short-term memory loss are less clear. We know that football players who experience concussions may have associated short-term memory loss. Likewise, post-operative recovery patients given midazolam (Versed) and other short-acting benzodiazepines may exhibit a form of operative amnesia. In such cases, the drugs reduce the patient's memory of both an unpleasant procedure and pain.

Patients with transient global amnesia (TGA) lose short-term memory over a limited period of time without an obvious, clearly identified cause. In order to make the diagnosis, the neurological workup for these patients must be negative, since other clinical entities can be associated with amnesia, such as migraine variant, temporal lobe epilepsy, basilar artery thrombosis and transient ischemic attack (TIA).[1,2]

In almost all cases, memory lost with TGA comes back quickly, and the loss rarely lasts more than a day; the average duration of amnesia is 2–6 hours. Patients with TGA are usually middle-aged and often have a relatively benign medical history.

To fulfill the criteria for TGA, the patient should have the following presentation:[3]

- The event is witnessed by a capable observer, and the patient is reported as having a definite loss of recent memory without other associated cognitive impairment.
- There are no focal neurological signs or deficits during or after the attack to suggest stroke or TIA.
- There is no history of epilepsy, and the patient does not have any recent head injury.
- The amnesia resolves within 24 hours.

Complex CT and MRI testing in some patients with TGA suggests there may be minute, microvascular changes in the corpus callosum and hippocampus—areas in the brain that are known to provide circuitry for short-term memory.[4] These occasional, discrete image findings suggest that the temporary amnesia may be caused by a type of transient ischemic attack to these areas of the brain. Memory returns over a matter of hours, as the microvascular circulation re-establishes itself.[5]

In Gordon's case, he was taking zolpidem, which is notoriously associated with memory loss, along with eszopiclone (Lunesta) and many other sedative-type sleeping medications. Zolpidem has been implicated in so many cases that it is called the "amnesia drug." Likewise, cholesterol-lowering statins, such as atorvastatin, lovastatin, and simvastatin, have also been associated with memory loss. In fact, statin manufacturers are required to add the possibility of memory loss to the safety label.

Gordon was taking both zolpidem and a statin drug. The direct relationship of these drugs with TGA, however, has been hard to confirm. Perhaps they were a contributing factor in Gordon's case; we will likely never know. To be safe, I started him on baby aspirin and recommended he discontinue both zolpidem and the statin until he could be cleared by his regular physician.

Some patients with TGA have a history of migraine. Gordon and the other TGA patient had no headaches, no history of nausea or photophobia, and no history of migraine. Stress can also be a contributing factor in TGA; but neither patient's history suggested significant overwhelming stress. Repeated psychological testing, however, may have uncovered problem areas that could not be identified in a single ED visit.

To be sure, the diagnosis of amnesia may be complicated by extenuating factors. In some cases, the "amnesia" has turned out to be a hoax; in others, patients have undergone such severe psychological stress that they have developed an altered state in which their mind has apparently wiped their memory clean.

Such was the case of the Piano Man, Andreas Grassl. His condition was probably related to a love affair that went terribly wrong, and he may have tried to commit suicide by walking into the ocean. When he staggered out, his mind had effectively eliminated his desire to end his life by wiping his memory clean. After four months of hospitalization and a worldwide search for his identity, Grassl awoke one morning remembering who he was, and he later told his father he had absolutely no memory of what had happened.

In all cases of amnesia, an extensive, comprehensive workup is needed so that more severe, complicating diagnoses may be ruled out.[6] On occasion, with a history of severe stress, psychological intervention may be required. As noted above, our index patient had a negative workup, and by the time he left the ED, bits of his memory had begun to return. When I contacted his wife the following morning, his amnesia was gone.

A Medscape article on using MRI, PET, and SPECT scans for TGA diagnosis summarizes the current research well: "Overall, the variety of findings on functional imaging studies may support the notion that TGA is a syndrome with not only a variety of precipitating causes but also of differing mechanisms."[7]

As teenagers we used to play a game called Amnesia. If you had a choice of having the best day of your life, what would you choose? A fabulous award, a great victory, a forbidden kiss? And if you could not remember it at the end of the day, would you still take the offer? As emboldened youngsters, most of us would choose to have the best day of our life and not remember it. As seasoned adults, most of us would not.

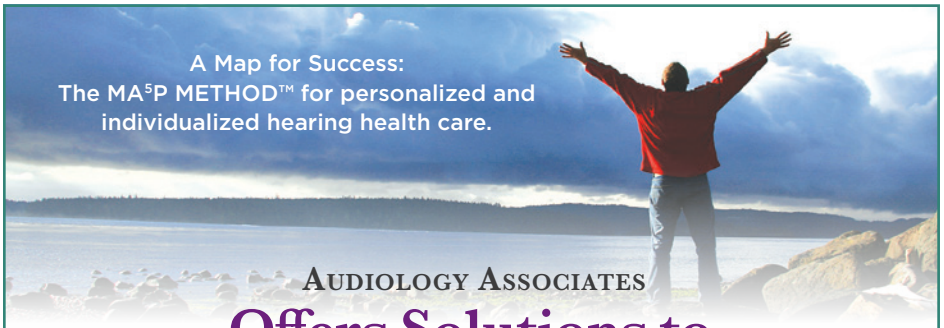
Our memories make us who we are. They are the accumulation of our life experiences, the sum tally of all our wins and losses in life. Like building blocks they form the towers of our wisdom. And for most of us even the loss of one block, one hour, one day, is not something we ever want. Fortunately, with TGA, we usually get it back. ◇

*Email: travishard@aol.com*

## References


1. Harrison M, Williams M, "Diagnosis and management of TGA in the ED," *Emerg Med J,* 24:444-445 (2007).
2. Brown J, "ED evaluation of TGA," *Ann Emerg Med,* 30:522-526 (1997).
3. Hodges JR, Warlow CP, "Syndromes of transient amnesia," *J Neurology Neurosurg & Psych,* 53:834-843 (1990).
4. Yang Y, et al, "Cerebellar hypoperfusion during TGA," *J Clin Neuro,* 5:74-80 (2009).
5. Winbeck K, Etgen T, "Proposal for an ischemic origin of TGA," *J Neuro, Neurosurg, Psych,* 76:438-441 (2005).
6. Quinette P, et al, "What does TGA really mean?" *Brain,* 129:1640-58 (2006).
7. Sucholeiki R, et al, "Transient global amnesia," *emedicine.medscape.com* (2015).






AUDIOLOGY ASSOCIATES

**Offers Solutions to Balance and Tinnitus Problems**

**Balance Care Program** Audiology Associates is devoted to restoring and maintaining the function of the auditory and vestibular system in its Balance Care Program, where patients receive care in a program designed with the latest technology and methods for properly evaluating and diagnosing balance conditions.

**Tinnitus Care Program** People suffering from tinnitus may experience whistling, hissing, buzzing, ringing or pulsing in the ear that persists even in the absence of external sound. Audiology Associates' comprehensive Tinnitus Care Program provides the most advanced diagnostics and treatments available to help patients manage this condition.

AUDIOLOGY ASSOCIATES
*hear today, hear tomorrow*

Peter J. Marincovich, Ph.D., CCC-A
Director, Audiology Services

Judy H. Conley, M.A., CCC-A
Clinical Audiologist

Amber Powner, Au.D., CCC-A
Clinical Audiologist

See our website for more information
audiologyassociates-sr.com

Visit Dr. Marincovich's BLOG at drpetermarincovich.com

30 YEARS AUDIOLOGY ASSOCIATES SINCE 1984

Three Offices Serving the North Bay

Toll Free:
1-866-520-HEAR (4327)

SANTA ROSA
(707) 523-4740

MENDOCINO
(707) 937-4667

MILL VALLEY
(415) 383-6633

MEMBER OF AUDIGY GROUP

GET INVOLVED!

# PASSPORT

TO PARTICIPATION

## Win an iPad through SCMA's "Passport to Participation"

To encourage physician collegiality and the advancement of community health, PASSPORT TO PARTICIPATION acknowledges Sonoma County physicians' active engagement with SCMA, CMA and community activities by awarding points for participation.

For each participation point, your name is entered into a drawing for a chance to win an iPad. The winner will be drawn at SCMA's Wine & Cheese Reception in May 2016. Last year's iPad winner was Dr. Jeff Sugarman.

## Examples of how you can earn points:

- Be elected to the board of directors or CMA delegation.
- Serve on an SCMA or CMA committee, or be a legislative advocate.
- Communicate with a legislator about a health-related issue.
- Participate in surveys or vote in the annual election.
- Nominate a colleague for a physician award.
- Attend SCMA dinner and receptions, CMA Leadership Academy or House of Delegates.
- Volunteer your medical services at free clinics or health fairs.
- Notify SCMA of any engagement with SCMA, CMA and/or community activity. *(Submit brief description, date, number of hours, and location to SCMA.)*

**For more details, contact Rachel Pandolfi at rachel@scma.org or 707-525-4375.**

SPONSORED BY THE SONOMA COUNTY MEDICAL ASSOCIATION

# Fire on the River

DeEtte DeVille, MD, and Jared Garrison-Jakel, MD, MPH

***Charred remains of waiting room at Russian River Health Center in Guerneville.***

On Christmas night 2015, the Russian River Health Center in Guerneville suffered a devastating fire. Flames rose quickly through the elevator shaft and spread across the attic. Local firefighters and their regional cohorts arrived soon after the fire began, but within minutes the fire burned the building beyond use, causing extensive smoke damage to everything not burnt. Still more damage was caused by the water necessary to douse the flames.

As news of the fire spread through Guerneville and beyond, staff and patients gathered in collective shock to bear witness to the smoking spectacle at the corner of Church and Third streets. The Russian River Health Center (RRHC), part of the West County Health Centers (WCHC) network, had been in that building for 33 years.

Dr. Jason Cunningham, medical director of WCHC, and executive director Mary Szecsey stood watching in disbelief as a heroic engineer from our information technology vendor carried out the equipment, now sooty and dripping, that we used for routing our entire organization's email and off-site electronic health records. We thought we'd be without both services for days until off-site backup was available, but the

*Dr. DeEtte DeVille, a family physician, is medical director of the Russian River Health Center. Dr. Garrison-Jakel, also a family physician, is medical director for the Homeless Services Program at RRHC.*

vendor was miraculously able to bring back all functionality within 48 hours, except for our ability to fax out from the electronic health record.

Through hard work over the weekend and a parade of remarkable generosity, not a day of clinic was missed. By Monday morning at 8:30, patients were being treated by RRHC staff at a mobile medical unit generously offered by St. Joseph Health. The unit was set up in the parking lot behind the Russian River Dental Center, across the street from RRHC. Two emergency response trailers in the same lot provided additional space for organizing supplies and storage.

Some patients were seen by RRHC care teams at Gravenstein Community Health Center in Sebastopol, which was temporarily able to share a little office space. West County Community Services and the Palm Drive Healthcare District offered shuttle service for patients unable to drive to Sebastopol.

For the first days after the fire, employees and volunteers stationed outside the scorched health center greeted community members, served hot coffee (donated by Coffee Bazaar), and provided directions, information and support for those worried about their health center and unsure how to get medical care. It seemed like the entire Russian River community stopped by with offers of support, donations and snacks for our shaken but uncomplaining staff.

The continued outpouring of support from friends, neighbors and patients has been profound, but it isn't entirely surprising. RRHC is the only medical office within a 30-minute drive of Guerneville, and it provides 12,000 medical and 3,500 mental health visits annually to residents across the socioeconomic spectrum. We care for everyone who shows up at our door.

Since opening 42 years ago in a small cottage in downtown Guerneville, RRHC has been rewarded with strong local loyalty for its dedication to our community's unique needs. Perhaps most famously, RRHC found itself front and center during the AIDS epidemic, during which the Russian River area was especially hard-hit. Under inspired leadership, our fiercely committed staff created a model for multi-disciplinary, community-integrated care that remains central to our work.

That work will continue. The RRHC building is scheduled to be demolished by early April and replaced by a large modular health clinic. That clinic will be our home until a new health center can be designed and built, with completion tentatively scheduled for 2018.

Until then, we are happy to occupy the dental building parking lot with the motley collection of trailers, vans and modular units that comprise our temporary medical village. Spare office spaces throughout the town are being used as temporary homes for our front-office call-center team, nurse care managers, medical assistants, access coordinators, homeless-care providers, and every other hard-working staff member. Happily, we're even able to fax again.

Two months out from the fire, the prevailing mood is gratitude. We mourn the loss of our idiosyncratic building and the memories held inside, but we are grateful that no one was hurt and that no jobs were lost.

Patients have been great about rolling with daily changes in the location of their care teams and necessary documents. We are grateful that, with insurance and sufficient fundraising, we can build the improved health facility that the Russian River community has long needed, and we are indebted to our generous partners in the medical world. Most important, we are grateful to work in a community that cares for us with the same devotion that we have for them.

You can donate to RRHC's Build for the Future Campaign by visiting www.wchealth.org and clicking on one of the Donate buttons or visiting the Support Us page. Thank you. ◇

*Email: ddville@wchealth.org*
*jgarrison-jakel@wchealth.org*

TRACY ZWEIG ASSOCIATES
INC.
A REGISTRY & PLACEMENT FIRM

**Physicians**
**Nurse Practitioners ~ Physician Assistants**

**Locum Tenens ~ Permanent Placement**

Voice: 800-919-9141 or 805-641-9141
FAX: 805-641-9143

tzweig@tracyzweig.com
www.tracyzweig.com

YOU AND YOUR SPOUSE OR GUEST ARE CORDIALLY INVITED TO ATTEND

THE SONOMA COUNTY MEDICAL ASSOCIATION'S

16th ANNUAL

# wine & cheese reception

THURSDAY EVENING, MAY 19, 2016

5:30–8 P.M.

**ORPHEUS WINES**

8910 HIGHWAY 12, KENWOOD

LOCATED IN THE KENWOOD MARKETPLACE

www.orpheuswines.com

**Featured Orpheus wines:**

- **2014 Sonoma Valley Sauvignon Blanc**
- **2013 Mendocino Viognier**
  Wine of the Week winner, *Press Democrat*
- **2013 Bacigalupi Vineyards Russian River Valley Pinot Noir**—Gold Medal
- **2011 North Coast Red Over Heels**, Merlot, Cabernet Franc, and Petite Sirah —Silver Medal
- **2013 Sparkling Orange Muscat**
  Featured Wine, *North Bay Bohemian*

SCMA members and spouse or guest: **No charge**
Nonmembers: $55 per person
To RSVP, contact Rachel Pandolfi at
**525-4375** or **rachel@scma.org**

S · C · M · A

SCMA's annual Wine & Cheese Reception is a great place to gather with your colleagues in a relaxed, convivial atmosphere. Join us and visit with our hosts—Orpheus Wines owners Marc Kraft (winemaker) and Rachel Friedman, MD (visioneer).

**www.orpheuswines.com**

# Far Beyond a Zoo

Albert Peng, MD

***Leopard, South Africa.***

Dermatology centers on the visual presentation of an illness, and photography is essential for documenting that presentation. Photographic composition in dermatology is of course limited, but the approach provides a good foundation for any type of photography.

After completing dermatology residency, I photographed cities and travels, trying to capture a sense of the place or the people. I learned that creating something memorable takes much more planning and thought than simple snapshots.

My current emphasis on wildlife photography started after my first safari to Kruger National Park in South Africa. Seeing lions, leopards and birds of all colors in their native environment was amazing. The experience was far beyond a zoo or a theme park, where animal exhibits are mapped out and easily seen. In the wild, the unpredictability of nature and animal sightings keeps the pursuit exciting.

Wildlife photography provides a continuous challenge to your skills. You need to learn about the behavior, habitat, calls and patterns of each animal to plan how and when to find them and "get the shot." After you locate them, they are often moving, behind obstructions, or in different lighting. Luckily, guides and rangers have attuned their senses of sight, sound and smell to help find the animals.

These trips also provide ample opportunities to learn about diverse subjects, from species conservation to constellations in the night sky.

Finding time to travel to far-flung habitats can be tough with a busy clinic schedule, but airlines can get you almost anywhere in one or two days. The destinations are determined by the particular subject, leading me to jungles, frozen tundra or open savannah.

Some places, such as Africa, can be easily visited on your own, but others are better with a photography tour group whose guides have insight into the best areas and times for photographing the prized subject. The polar bear trip to Svalbard, an island in the Arctic Ocean, is a good example of the latter.

Finally, these trips can be taken on almost any budget, so you don't have to wait for the "trip of a lifetime" to go. ◇

*Email: albertpeng1@yahoo.com*

*Dr. Peng is a Santa Rosa dermatologist.*

***Clockwise from top:***
***Lilac-breasted roller, Botswana;***
***Wild dog, Botswana;***
***Jaguars, Brazil;***
***Polar bear, Svalbard Island;***
***Mountain gorilla, Rwanda.***

## NEW MEMBERS

### Welcome, New and Returning SCMA/CMA Members!

**INDEPENDENT**

**Cuyler Goodwin, DO,** Psychiatry, 1506 Fourth St., Santa Rosa, Touro Univ 2012

**Oreoluwa Ogunyemi, MD,** Urology, 6880 Palm Ave., Sebastopol, UC Los Angeles 2008

**Jen Hayes, MD,** Dermatology*, 7064 Corline Ct. Bldg. C, Sebastopol, David Geffen Med Sch 2010

**ANNADEL MEDICAL GROUP**

**Steven Kmucha, MD,** Otolaryngology*, 108 Lynch Creek Way #7, Petaluma, Univ Chicago 1984

**Amy Shaw, MD,** Family Medicine*, 121 Sotoyome St., Santa Rosa, UC Davis 1989

**Zachary Lewton, MD,** Neurology*, Sleep Medicine*, Neuromuscular Medicine*, *Electrodiagnostic Medicine,* 1194 Montgomery Dr., Santa Rosa, Univ Rochester

**SONOMA COUNTY INDIAN HEALTH**

**Meredith Coble, DO,** Family Medicine, 144 Stony Point Rd., Santa Rosa, Touro Univ

**SUTTER MEDICAL GROUP**

**Shumaila Syed, MD,** Surgery, 34 Mark West Springs Rd., Santa Rosa, Virginia Univ

**THE PERMANENTE MEDICAL GROUP**

**Caitlin McCarthy, MD,** Internal Medicine, 401 Bicentennial Way, Santa Rosa, Univ Southern California

* = board certified

*Italics* = medical interest

## CLASSIFIED

**For sale: well-established medical weight loss practice in Marin County**

Fall in love with practicing medicine again. Create work-life balance and achieve financial freedom. Work with highly motivated, capable people, excelling in many facets of their lives, who have struggled with their weight and know clearly that they cannot do it alone.

This all-cash practice offers a flexible schedule and provides other income streams besides doctor visits. In addition, the practice presents a significant growth opportunity. This is and will continue to be an active, ongoing practice. The seller will enable a smooth transition. Email now: BariatricPracticeForSale@gmail.com.

**Free classifieds for SCMA members!**
To place an ad, contact Susan Gumucio, susan@scma.org or 707-525-0102.

WESTERN
Health Care
LEADERSHIP ACADEMY
HILTON SAN FRANCISCO UNION SQUARE • MAY 13 - 15, 2016 • SAN FRANCISCO, CA
ATUL GAWANDE, M.D.
DONNA BRAZILE
KARL ROVE
The Western Health Care Leadership Academy brings together physicians and health care power players to share strategies and resources for accelerating the shift to a more integrated, high-performing and sustainable health care system. We'll examine the most significant operational, financial and environmental challenges facing health care today and present proven models and innovative approaches to position your practice for success.
REGISTER ONLINE TODAY
800.795.2262 • WWW.WESTERNLEADERSHIPACADEMY.COM
CMA California Medical Association
The Physicians Foundation
CMA Foundation
Texas Medical Association

# Watch Over Us

*Laurel Warner, MD, 1947–2016*

**Dearest Laurel,**

We worked together so closely, so diligently, so earnestly and for so many years, and there is still so much more we want and need to say to you. But you are gone now. There is an empty ache in our hearts that won't go away. There is a heavy sadness that we feel acutely as we toil daily in medicine without your wisdom.

Laurel, how can we thank you enough for the brilliance you blended with the grace of your being—as friend, physician, colleague, leader and mentor? Did you know you elevated and inspired us to be the best physicians that we could be? You touched and transformed each of us with the power of your kindness, and your exceptional and compassionate medical care for each and every patient from all walks of life. We did not just witness this, you invited us to be a part of it.

In your quiet, gentle, unassuming nature, you were the magnet that collected every member of the medical team to engage their talents, their skills and their efforts. In your benevolence, you quietly united us—microbiologist, respiratory therapist, consultant, pharmacist, hospitalist or nurse. Sometimes, you surprised us with your playfulness, whether through your delightful conversations with the ICU nurses, or through that spontaneous drive out Bennett Valley Road when you confessed your love for manual-transmission sports cars. Perhaps in your humility you would not allow us to shower you with these truths and compliments, until today.

It was so hard to reach out to you and Charlie during your illness. Could you hear our prayers and our tearful thoughts after your diagnosis? We did not want to come crashing across the threshold of your private boundaries to impose our sadness and heartache on top of your unfair journey. And when we did impose ourselves during your illness, graciously you and Charlie opened your door and your hearts to each of us. You both allowed us to say "I am so sorry," "I am praying for you," "I love you," and "How can I help?"

We can recall exactly the moment you shared your diagnosis with us. Forever will we remember the moment we experienced the news of your passing. As you valued the gift and dignity of life of each patient and colleague you touched, may we hope to carry the wisdom and compassion of your life, your friendship and your kindness in our hearts. We believe you are an angel, but you would never allow us to say that out loud.

Please, watch over us. ◇

Gary Green, MD
Gene Belogorsky, MD

# Hidden Talents Take Center Stage at Alliance Art Show

Cecile Keefe

***"Nacao No. 3," by Bob Nugent.***

*The rectangle, the plane, the structure, the picture; they are but sounding boards for the spirit.*

*—Brice Marden*

Humans possess not only the ability to imagine, but also the ability to express to others what we have imagined. These imaginings often come from dreams. Surely my dog dreams too, sleeping on the floor in front of the fire, paws twitching as he chases rabbits. But he can't paint the dream, and he can't sculpt the rabbits. Painting, sculpture and the other arts are uniquely human, and the process of sharing works of art enriches the artist as well as the viewer.

If you ask a room full of five-year-olds who among them is an artist, everyone will raise a hand. By high school the number of raised hands dwindles to just a few. It was always my hope, as an art teacher, to break though the artistic paralysis that sets in as we mature and our lives become more complex. Whether celebrating a known artist's work or coaxing a shy one to share, the result is always the same: a mirror in which we see ourselves, our times, our world.

The SCMA Alliance Foundation has put out a call to physicians, spouses and

partners to participate in the Hidden Talents Art Show, to share the wealth of artistic talent in our medical community. The Paradise Ridge Winery in Santa Rosa—known for its fine wines, incomparable views and sculpture collection—will be the setting for the benefit and exhibit. The show features first-time and experienced exhibitors of painting, drawing, sculpture, photography, quilting, jewelry, collage and many other media. In addition, performing artists will entertain guests with music, poetry and storytelling on an outdoor stage. While exhibitors are restricted to physicians, spouses and partners, the general public is welcome to attend. It will be an evening of good food and wine, fine art, camaraderie and discovery.

Hidden Talents will be held from 5:30 to 8:30 p.m. on Thursday, May 5, at the Paradise Ridge Winery in Santa Rosa. Tickets, which include food and wine, are $50 per person. SCMA members with children 12 and under can access on-site child care with art activities. (Reservations must be made for child care.) Tickets are only available at www.scmaa.org and must be purchased by April 24.

**The deadline for entries is April 16,** so there is still time to raise your hand and step forward as an exhibiting artist if you are a physician or the spouse or partner of a physician. The show is not juried, and there is no fee to enter. If you have been sharing your artwork only with family or friends, consider broadening your audience. Everyone is encouraged to submit work in any of the media listed in the guidelines on the Hidden Talents page at www.scmaa.org. If you have additional questions, contact Cecile Keefe at hiddentalents@scmaa.org.

A silent auction of a painting by Bob Nugent, well-known artist and former curator of the Imagery Winery art collection, will benefit SCMA Alliance Foundation programs, including the Foster Children's Give-A Gift program, the SCMAAF Health Career Scholarships, Safe Schools and Journey Safe. The winner of the silent auction will be announced at the event. A share of proceeds from other artwork sales will also help fund SCMAAF programs.

Over the past 29 years, Nugent has traveled to Brazil, and his work, inspired by the flora and fauna of the Amazon Region, has been featured in more than 100 solo exhibitions. His donated piece, Nacao No. 3, reflects the naturalistic forms of the region. In his artist's statement, Nugent explains, "The work transcribes a memory of objects and impressions of what was seen and felt." ◇

*Email: hiddentalents@scmaa.org*

*Ms. Keefe is co-chair of the Hidden Talents Art Exhibit for the SCMA Alliance Foundation.*

SCMAAF 1929

## Sonoma County Medical Association Alliance Foundation

**YOU'VE GOT MY ATTENTION!**

We are seeking Volunteer Speakers for the **Head-2-Toe Medical Lab** at the Children's Museum of Sonoma County.

Contact SCMA Alliance Foundation member **Colleen Meseroll** at **alliance@scmaa.org** for more information.

### HIDDEN TALENTS ART SHOW

**Thursday, May 5, 2016**

**5:30-8:30pm**

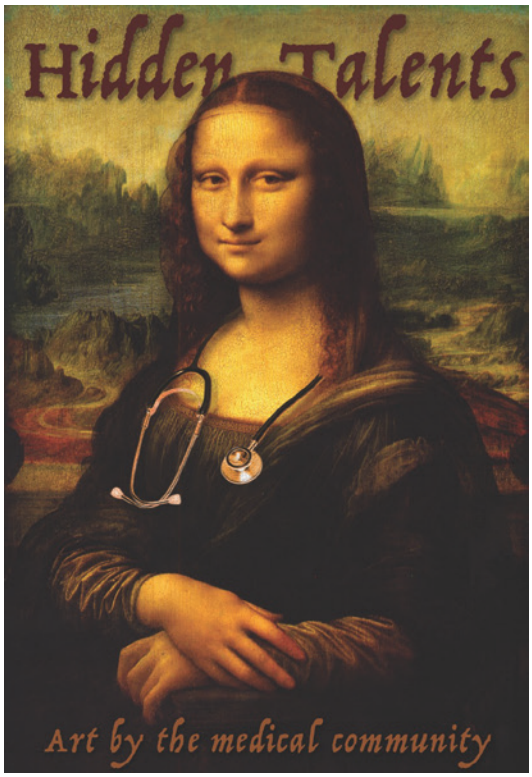
**Paradise Ridge Winery Santa Rosa**

Join us for a fun and entertaining evening showcasing the hidden talents of Sonoma County Medical Community artists! Wide variety of artist media, musical performances and delectable appetizers created by A la Heart Catering in the beautiful Paradise Ridge Winery with stunning views. Open to the public - Invite your friends!

**Tickets on sale now through April 24th at www.scmaa.org.**

**$50.00**

hosted by Sonoma County Medical Association Alliance Foundation



# Made Just Right

Brien A. Seeley, MD

As a kid in Southern California, I grew up at the beach. I body-surfed nearly every day of the summer and got to know the salty ocean's taste, temperatures, sounds and moods. As I stood in her foamy swash, her hissing backwash tickling away the sand from around my toes, her familiar fragrance in the breeze, I felt that this warm playground was made for me. I would look out west, far across her approaching swells and marvel at her vast possibilities. I thought I knew her. Boy, was I wrong.

After moving to colder, more verdant Northern California, with its crab and salmon fisheries, wharfs, aquariums and protected coasts, that boyish view of the ocean gave way to a deeper understanding, seeing it as a crucial environmental asset, a reservoir for life on Earth. To me, the ocean has become both more valuable and vulnerable, a complex superorganism. When *Science News* recently announced the release of a new book about the ocean, something told me I should read it.

*Ocean Worlds,* written by geologists Jan Zalasiewicz and Mark Williams, is a wonderful new treatise about our lucky existence on a just-right Goldilocks water planet. The book's surprising scientific insights about our place in the universe foster a great appreciation for both the origins and lifecycles of oceans. Zalasiewicz and Williams weave a seamless tour of discoveries into a holistic and convincing awareness of where we came from and where we might be going. The book's wide-ranging topics truly let the reader see the big picture. For its clarity, amusing examples, comprehensiveness and profound implications, I highly recommend *Ocean Worlds* for anyone interested in life-long learning. Who could have known that geology and paleontology would be such important and fascinating contributors to cosmology and physics!

*Ocean Worlds* opens by describing the cosmological beginnings of the universe eons ago, when high energy fusion of atomic mass into successively heavier nuclei created all the elements of the periodic table. The immense energy release of a quasar emanating from a black hole that collapsed and exploded 12 billion years ago clearly evidences an outward blasting of water molecules into the universe in every direction. Thus, water was present a very long time ago, perhaps as early as two billion years after the Big Bang.

Similar violent explosions formed the central stars of solar systems and likewise blasted enormous numbers of water molecules outward. These molecules continued for millions of miles until they reached a "snow line," the distance from the star at which the temperature was cool enough for icy comets to form. In mature solar systems, the space inside the snow line should be largely depleted of water, with only rocks and metal remaining. Our earth, however, lies far closer to our sun than to its snow line, in the zone of rock and metal. Thus, like Mars, rocky Earth should not have oceans. How lucky that we do!

Zalasiewicz and Williams use three different theories to explore the origin mystery of Earth's oceans. The most likely scenario is that our oceans came from icy comets impacting Earth in the early solar system, before the dust had settled.

The authors go on to emphasize the unique, just-right properties of water molecules. Water is less dense when in the form of ice, so floating ice prevents evaporation of the ocean below. Because water molecules are bipolar, they have a special capacity to dissolve most chemicals. Billions of years ago, these solvent-like features, along with a just-right distance from the sun, stabilized Earth's oceans and gave them enough dissolved nutrients and carbon to serve as the incubator of life.

Just as important, the oceans enabled plate tectonics. The water lubricated the subducting crustal plates that are the recycling plant for Earth's rocks and minerals, providing vital cooling in the process. Without such cooling, write the authors, enormous volcanic eruptions would still be common. And without subduction, the Earth's surface would be stagnant and would still show its pockmarks from ancient meteor showers, just like we see on the pockmarked, stagnant surface of our arid moon.

Zalasiewicz and Williams explain how their isotopic analyses of ancient rocks, sediments and crystals reveal the time course of the Earth's formative years and how its first oceans were formed and then disappeared. According to their analyses, the Mediterranean Sea went totally dry several times and sequestered such an enormous amount of salt that it left today's oceans with a just-right level of salinity.

The authors also explain the many factors that affect circulation of ocean currents around the globe. These currents, and the ocean gyres they surround, are vital to our weather, fisheries and ecosystems. Interestingly, the

*Dr. Seeley, a Santa Rosa ophthalmologist, serves on the SCMA Editorial Board.*

average time needed for any dissolved molecule to travel all the way around the world in the ocean is about one thousand years.

The book adds that our stratosphere, the stable, cold high-altitude atmospheric layer, is a just-right protective blanket that keep Earth's water from boiling off into space: water freezes in the stratosphere and falls back to Earth. Water preservation is also enhanced by Earth's magnetosphere, which deflects the solar wind that would otherwise strip water molecules from our atmosphere off into space.

A good portion of the book describes the miraculously complex ecology of our oceans. Before the Industrial Revolution, sea life was much more abundant than today, thanks to the oceans' just-right pH. Now the oceans are acidifying because of carbon release. The resulting loss of coral reefs, the "tropical rain forests of the ocean," and their rich habitat for myriad species has attracted increasing concern. "As these new seascapes open up in front of us," write Zalasiewicz and Williams, "we are here on Earth at another transition: the likely transformation—and biological impoverishment—of our own Earthly oceans that surely still represent a cosmic jewel, even on this widest of universal canvases. For it seems very likely that, over the coming decades, the oceans of Earth will undergo a transformation the like of which has not been seen for many millions of years. The changes wrought by warming, acidification, overfishing and pollution threaten to kill off not just many species, but also whole ecosystems—not least the extraordinary biological riches of the coral reefs."

The final two chapters of the book look outward to examine the astonishing amount we have learned from our space probes and space telescopes. The ice on Mars and the subsurface oceans on a few moons of Jupiter and Saturn, along with oceans on far-distant exoplanets, are quite inhospitable to life as we know it. Compared to all currently known planets, our treasured Earth is the only one that seems just right for oceans and life. Nonetheless, Zalasiewicz and Williams conclude, "If even one planet in a thousand is broadly Earth-sized and within the habitable zone, then there might be as many as a billion potentially habitable planets with plentiful water out there, just in our galaxy."

I am deeply grateful to Zalasiewicz and Williams for creating this grand book that has forever changed my view of our wonderful ocean planet. ◇

*Email: cafe400@sonic.net*

CENTER FOR WELL-BEING

STRONGER THAN EVER.

Center for Well-Being is strengthening our commitment to uniting doctors, medical centers, patients, and the community to manage and prevent chronic disease.

*Refer your patients today.*
Classes covered by Medicare and most insurance providers.

HeartWorks Cardiac Rehabilitation
Diabetes Management + Prevention
Healthy Weight Management
Smoking Cessation
Adult + Children's Health

707.575.6043 | info@nccwb.org
norcalwellbeing.org
DEFEATING CHRONIC DISEASE IN THE NORTH BAY.

SUPPORT
*Our Advertisers . . .*

Altschuler Center . . . . . 14
Annadel Medical Group . . . . . 3
Annadel Medical Group–Recruiting . . . . . 9
Audiology Associates . . . . . 23
Bank of America . . . . . 6
Bob Casanova, PsyD . . . . . 14
Center for Well-Being . . . . . 35
Classified ads . . . . . 30
CMA Leadership Academy . . . . . 30
Institute for Health Management . . . . . 16
Institute for Medical Quality . . . . . 10
Mercer . . . . . 12
NORCAL Mutual Insurance Company . . . . 18
SCMA Alliance Foundation . . . . . 33
SCMA Passport Program . . . . . 24
SCMA Wine & Cheese Reception . . . . . 27
Sequoia Mind Health . . . . . 4
Sonoma County Family YMCA . . . . . 9
St. Joseph Health . . . . . Inside back cover
Sutter Health . . . . . Back cover
The Doctors Company . . . Inside front cover
Tracy Zweig Associates . . . . . 26

THEY SUPPORT THE MAGAZINE!

# 2016 SCMA Physician Survey

Mary Maddux-González, MD

As part of SCMA's ongoing commitment to local doctors, the medical association conducted a brief online survey of Sonoma County physicians in January. A link to the survey was emailed to 575 practicing SCMA members and 314 nonmembers in the January issue of *SCMA News Briefs*, and an email reminder about the survey was sent in mid-January.

Fifty-nine physicians responded to the survey, representing a 7% response rate. Results should be interpreted with this low response rate in mind.

## Health Issues and SCMA Services

Half the questions on the survey asked about health issues and SCMA services. One question asked physicians to identify which health issues were most important. Improving community health (85%) was ranked as the most important issue, followed by implementing health care reform (57%), physician wellness (51%), legislative advocacy and interaction with colleagues (both 49%), helping patients advocate for themselves or their family (43%), and public relations for the medical profession (26%).

Another question asked physicians to identify one local issue they would like to see addressed by the SCMA board of directors at its next planning retreat. The top response was health care delivery (50%), followed by healthy lifestyle (25%); education and mental health were tied for third (18.5% combined).

*Dr. Maddux-González, chief medical officer for the Redwood Community Health Coalition, is president of SCMA.*

Physicians were also asked what SCMA could offer to better serve their needs. Membership benefits (36%) and legislative advocacy (32%) were the most frequent responses. Twenty-one percent said they were content with SCMA services and/or weren't sure what to change. An additional 11% suggested reducing membership dues.

Doctors identified leadership as SCMA's top strength (21%) followed closely by a tie between diversity of membership and legislative advocacy (18% each), and then another tie between collegiality and member benefits (15% each). When asked what the top challenges or barriers facing SCMA were, physicians identified five: membership retention/recruitment and being relevant (22% each); membership dues and group membership issues (20% each), and organization-related issues (18%).

More than half (52%) of the survey respondents made suggestions for how SCMA could better partner with them and/or their organization. When asked how they would like to help SCMA enhance community health, 35% responded that they would like to partner on community health projects.

## SCMA Publications

The other survey questions asked about SCMA publications, including the *Sonoma County Physician Directory*, *Sonoma Medicine* and *News Briefs*.

Respondents said the directory's alphabetical list of all county physicians is the most useful section (69%), followed by the specialty index (63%). Half the respondents find the detailed SCMA member listings useful, and 40% found the various resource sections useful. Suggestions for the next directory included offering the directory online, listing physicians by medical group and/or insurance, and listing residency training for members.

Almost half the respondents read every issue of *Sonoma Medicine*, and another 44% read some of the issues, for a total of 92%. Readers are most interested in the feature articles on a medical theme (67%). In the departments, Local Frontiers was of greatest interest (49%), followed by the opening editorial (38%), Mystery Case (also 38%) and Medical Arts (37%).

Ninety-four percent of members read *News Briefs*, but only 52% of nonmembers read it. Seventy percent of readers prefer a text-and-image layout, and 30% prefer a text-only format.

## Next Steps

The suggestions and other survey responses will be used by the SCMA board of directors to update the medical association's strategic plan for 2016 and beyond. The survey results and the new plan will help SCMA better serve local physicians and our community. ◇

*Email: mmgonzalez@rchc.net*

# St. Joseph Health

## REGIONAL TRANSFER CENTER

**Do you need to refer a patient for specialty or tertiary services? Call on St. Joseph Health Regional Transfer Center.**

Your one-stop Regional Transfer Center makes referrals for a wide array of diagnoses easier than ever before. One call puts you in touch with all you need to find a specialist and arrange for transport quickly and easily.

**To transfer a patient to a St. Joseph-affiliated hospital in Northern California, please call**

**(855) 4STJOES**
**(855) 478-5637**

St. Joseph Health℠

Queen of the Valley • Redwood Memorial
St. Joseph • Santa Rosa Memorial • Petaluma Valley

# Finding the right surgeon shouldn't be a pain.

Our specialists use the region's only robotic-assisted technologies, such as the daVinci Xi® and MAKO® surgical systems, for your optimal recovery. Minimally invasive surgery often results in fewer complications, smaller scars and less pain.

Find the right surgeon at
**sutterpacific.org/surgery**

Sutter Health
Sutter Pacific
Medical Foundation
**We Plus You**